

**LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR  
INCOME HOUSEHOLDS**

(Note: Make changes as applicable for the School Breakfast Program. All siblings in the school system will be impacted by this change as well.)

Child(ren)'s Name(s): \_\_\_\_\_

School(s): \_\_\_\_\_ Date: \_\_\_\_\_

Dear: \_\_\_\_\_

We have completed verification of your child(ren)'s eligibility.

Starting on \_\_\_\_\_ your child(ren)'s eligibility for meal will be:  
(10 calendar days from the date sent)

☐ Changed from free to reduced price because your income is over the allowable amount.  
The reduced price charge is \_\_\_\_\_ cents for lunch and \_\_\_\_\_ cents for  
breakfast.

☐ Stopped for the following reason(s):

☐ Your income is over the allowable amount for free or reduced price meals.

☐ You did not provide proof of current eligibility. The following information is  
missing: \_\_\_\_\_

Starting immediately, your child(ren)'s eligibility for meal benefits will be:

☐ Changed from reduced price to free because your income is within the free meal  
eligibility limits. Your child(ren) will receive meals at no cost.

If you are not eligible for benefits now, but you have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: \_\_\_\_\_  
(Verifying Official)

You also have the right to a fair hearing. If you request a hearing by \_\_\_\_\_, your child(ren)  
(Date)  
will continue to receive \_\_\_\_\_ until the decision of the Hearing official  
(free or reduced price meals)  
is made.

You may request a fair hearing by calling or writing the following official:

Name: \_\_\_\_\_

City, Street, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the federal relay service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer.